

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034947

5005

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED OCT 15 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
24 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION V A HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

Benton

c. CITY
OR TOWN

FRISTOE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
None

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

UHLAN

LEONARD

POE

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-9-91

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (City and state or country)

Fristoe, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas J. Poe

13b. MOTHER'S MAIDEN NAME

Sarah Ballard

14. NAME OF HUSBAND OR WIFE

Millie Poe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes ☒ No ☐ WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Official Records, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for terminal disease)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Peritonitis

INTERVAL BETWEEN ONSET AND DEATH
2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Necrosis of gastroduodenal anastomosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from September 17, 1962 to October 1, 1962

Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. A. MAC AULAY (Degree or title)

M. A. MacAulay

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

10-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

Oct. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Fristoe Cemetery

23d. LOCATION (City, town, or county)

Fristoe, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Melody McGilley Eylar Linwood & Woodland

25. DATE RECD. BY LOCAL REG.

10-2-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Benton

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James E. Kiehlman*

Licensed Embalmer No. 4533

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.